

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.

791

Primary Registration District No.

1003

File No.

22230

Registered No.

6412

St.

Ward

2. FULL NAME

(a) Residence. No. 2309 Hebert St. 20 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct. 11, 1949

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

78

8

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mayfield R.Y.

10. NAME OF FATHER

Mathew Cogan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Ann Shea

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

St Ignace de Loyola
2309 Hebert St

15.

JUN 17 1928
FILED

Max C. Starker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

6/15 1928

17.

I HEREBY CERTIFY, That I attended, deceased from

6/28, 1928, 6/15, 1928
that I last saw him alive on 6/15, 1928, and that
death occurred, on the date stated above, at 5:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerotic Gangrene
left leg
more Diabetic

CONTRIBUTORY (SECONDARY)

Cellulitis (left leg)
due to Arteriosclerotic Gangrene

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

P. Polimovitch, M.D.

6/6, 1928 (Address) St. Mary's Infirmary
*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or
HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

6-15 1928
Arthur J. Connelly 2309 Hebert St

